


ADMINISTRATIVE	AGENCY NAME OH04705				*INCIDENT NUMBER 201300026706																		
	CALL NUMBER 201300026706	*GEOCODE			*CLEARANCES																		
	TOD 20:46	<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect B <input type="checkbox"/> Prosecution Declined C <input type="checkbox"/> Extradition Denied D <input type="checkbox"/> Victim Refused to Coop. E <input type="checkbox"/> Juvenile/No Custody F <input checked="" type="checkbox"/> Arrest - Adult G <input type="checkbox"/> Arrest - Juvenile H <input type="checkbox"/> Warrant Issued I <input type="checkbox"/> Invest. Pending J <input type="checkbox"/> Closed K <input type="checkbox"/> Unfounded U <input type="checkbox"/> Unknown																			
	TOA 20:55			*CLEARANCE DATE: 06/23/2013																			
TOC 01:16			Cleared BY:																				
CAMERA VIDEO <input checked="" type="checkbox"/>	OHIO UNIFORM INCIDENT REPORT																						
MONTH		*REPORT DATE/TIME DAY YEAR		TIME		MONTH		*INCIDENT OCCURRED FROM DAY YEAR		TIME		MONTH		*INCIDENT OCCURRED TO DAY YEAR		TIME							
06		22		13		20:46		06		22		13		20:46		06		22		13		21:45	
INCIDENT LOCATION (Street, Apt., City, State, Zip) 1286 MASSACHUSETTS AV CITY OF LORAIN, OH C																							
OFFENSE	*OFFENSE		*OFFENSE CODE		*A/C		F/M & DEGREE		*HATE/BIAS		*LARCENY		*TYPE CRIMINAL ACTIVITY		(Enter up to three for each offense) B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROPOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY								
	1. CRUELTY TO ANIMALS		1. 959.13		C								1. 2. 3.										
	2. RESISTING ARREST		2. 2921.33		C		M						1. 2. 3.										
	3. OBSTRUCTING OFFICIAL BUSINESS		3. 2921.31		C								1. 2. 3.										
	4. INTIMIDATION		4. 2921.04		C								1. N 2. 3.										
	5. VANDALISM		5. 2909.05		C								1. 2. 3.										
	*LOCATION OF OFFENSE (Enter up to two)																						
	1. 01 2. _____ RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital 12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service Loc. RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store 41 Factory/Plant 42 Other Building OUTSIDE 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other												*SUSPECTED OF USING										
													A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input checked="" type="checkbox"/> NOT APPLICABLE										
													*TYPE WEAPON/FORCE USED										
												1. 20 2. 3.											
*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT										*METHOD OF ENTRY - BURGLARY/B&E											
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE		01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed 06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled										ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/> ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/> ENTRY EXIT 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>											
*NO. PREMISES ENTERED 0																							
METHODS OF OPERATION																							
*NO. 1		*TOTAL VICTIMS		*VICTIM TYPE		I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT		P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION		S <input type="checkbox"/> SOCIETY U <input type="checkbox"/> UNKNOWN		O <input type="checkbox"/> OTHER									
NAME (Last, First, Middle) BLUE, ANTHONY, WAYNE SR																							
ADDRESS (Street, Apt., City, State, Zip) 1286 MASSACHUSETTS AV, LORAIN, OH 44052																PHONE (440) 288-0294							
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) BLUE 1286 MASSACHUSETTS AV, LORAIN, OH 44052																PHONE							
*AGE/ D.O.B. 55		*SEX M		*RACE <input checked="" type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U		*ETHNICITY		HGT 6' 05"		WGT 235		HAIR BLK		EYES BRO									
OCCUPATION Cook		SSN [REDACTED]		*RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST		3 <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT		5 <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN															
*VICTIM INJURED? <input checked="" type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:																					
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION				*VICTIM/SUSPECT RELATIONSHIP						*VICTIM/OFFENSE LINK											
		TYPE OF ACT. ASSIGN. TYPE ORI - OTHER				0. U 1. 2. 3. 4. 5.						2909.05											
My signature verifies that the information on this report is accurate and true																							
DATE																							
REPORTING OFFICER J. WOLFORD																BADGE NO. 1249				DATE 06/22/2013			
APPROVING OFFICER																BADGE NO.				DATE			
FOLLOW-UP? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, follow-up Assignment:																					
ADDITIONAL SUPPLEMENTS		<input checked="" type="checkbox"/> VICTIM/WITNESS <input checked="" type="checkbox"/> SUSPECT/ARRESTEE		<input type="checkbox"/> PROPERTY <input checked="" type="checkbox"/> NARRATIVE		<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER		FORM RECEIVED BY:		<input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS		SPECIAL COPIES											

INCIDENT NUMBER 201300026706

INCIDENT REPORT – PART 2

INCIDENT
NUMBER

201300026706

VICTIM
BLUE, ANTHONY, WAYNE SR

OFFENSE CRUELTY TO ANIMALS

INCIDENT DATE
AND TIME

06-22-13-2046

REPORTEE

NO.	NAME (Last, First, Middle)
-----	----------------------------

AGE/ D.O.B.	
----------------	--

SSN

ADDRESS (Street, Apt., City, State, Zip)

PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)

PHONE

STATEMENTS OBTAINED	<input type="checkbox"/> Y	<input type="checkbox"/> N	TYPE:	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPED	<input type="checkbox"/> OTHER
---------------------	----------------------------	----------------------------	-------	----------------------------------	-------------------------------	--------------------------------	--------------------------------

CHECK CATEGORIES ☐ STOLEN ☐ RECOVERED ☐ IMPOUNDED ☐ RECEIVED ☐ SUSPECT'S VEHICLE ☐ VICTIM'S VEHICLE ☐ UNAUTHORIZED USE ☐ ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VINOAN	*VALUE
-----	---	-----	-----	-----	-----	--------	--------

VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE <input type="checkbox"/> Y LOCKED <input type="checkbox"/> N	KEYS IN <input type="checkbox"/> Y VEHICLE <input type="checkbox"/> N	HOLD <input type="checkbox"/> Y VEHICLE <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y CONTENTS <input type="checkbox"/> N
-----	-----	-----	-----	----------------------	---	--	---	---

VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED?	<input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER
----------------------------------	---------------------------------	-------------------	--	-------------	---------------------------	---	--

STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS	<input type="checkbox"/> RESID. <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION
------------------------------	------------	--	---	---------------------------

AUTO INSURER NAME (Company)		ADDRESS (Street, Apt., City, State, Zip)	PHONE
-----------------------------	--	--	-------

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?
--------------------------------	---------------	-----------	--

*TYPE PROPERTY	1 NONE	3 COUNTERFEITED/FORGED	5 STOLEN/ETC.	7 RECOVERED	P PHOTO	TOTAL VALUE
LOSS/ETC. (enter codes below)	2 BURNED	4 DESTROYED/DAMAGED/VANDALIZED	6 SEIZED	U UNKNOWN	E EVIDENCE	
						1,000.00

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
4	1	PASS REAR CRUISER WINDOW		1,000.00

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
--------------	------------	------------	-------	----------------

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
------------------	----------------	-----------------

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
---------------	----------	-------------	---------------	--------

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
--------------	------------	------------	-------	----------------

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
------------------	----------------	-----------------

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
---------------	----------	-------------	---------------	--------

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
--------------	------------	------------	-------	----------------

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
---------------	-------------	--------------

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
---------------	----------	-------------	---------------	--------

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
--------------	------------	------------	-------	----------------

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
------------------	----------------	-----------------

PROPERTY CODES:	VALUABLES	EQUIPMENT	26 Tools	VEHICLES	STRUCTURES
EXCHANGE MEDIUMS	08 Jewelry/Precious Metals	15 Drug/Narcotic Equip.	27 Vehicle Parts/Accessories	35 Aircraft	46 Single Occupancy
01 Money	09 Art Objects, Antiques	16 Gambling Equipment	28 School Supplies	36 Automobiles	47 Other Dwellings
02 Credit/Debit Card	10 Other Valuables	17 Computer Hardware/Soft.	29 Other Equipment	37 Bicycles	48 Commercial/Business
03 Negotiable Instruments	PERSONAL EFFECTS	18 Office Equipment	CONSUMABLE ITEMS	38 Buses	49 Indus./Mfg.
04 Other Exchange Mediums	11 Clothing/Furs	19 Stereo TV Equip.	30 Alcohol	39 Trucks	50 Public/Community
DOCUMENTS	12 Purses/Handbags/Wallets	20 Recordings-Audio Visual	31 Drugs/Narcotics	40 Trailers	51 Storage
05 Non-Negotiable Instruments	13 Other Personal Effects	21 Sports Equipment	32 Consumable Goods	41 Watercraft	52 Other Structure
06 Personal Papers	HOUSEHOLD ITEMS	22 Photographic Equipment	ANIMALS	42 Recreational Vehicle	OTHER
07 Other Documents	14 Household Items	23 Farm Equipment	33 Livestock	43 Other Motor Vehicle	53 Merchandise
		24 Heavy Construction/Industrial	34 Household Pets	WEAPONS	54 Other Property
		25 Building Supplies-Const.		44 Firearms	55 Pending Inventory
				45 Other Weapons	

NARRATIVE

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY OH04705

INCIDENT NUMBER

201300026706

VICTIM
BLUE, ANTHONY, WAYNE SR

OFFENSE CRUELTY TO ANIMALS

INCIDENT DATE AND TIME

06-22-13-2046

NAME/DESCRIPTIVES

NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER _____		CHARGES FILED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
NAME (Last, First, Middle) EISEL, EMANUEL, LEWIS,				SSN [REDACTED]				
ALIAS EISEL, EMMANUEL LEWIS,				GANG AFFILIATION				
ADDRESS (Street, Apt., City, State, Zip) 1286 MASSACHUSETTS AV, LORAIN, OH 44052				PHONE (440) 288-0294				
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) EISEL 1286 MASSACHUSETTS AV, LORAIN, OH 44052				PHONE				
PLACE OF BIRTH ELYRIA, OH		DL#/STATE A43377900 OH		OCCUPATION/SCHOOL Laborer				
*AGE/ D.O.B. 30	04/09/84	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY H	*HEIGHT 5' 10"	*WEIGHT 175	*HAIR Brown	*EYES Brown
MARITAL STATUS S	SCARS, MARKS, TATOOS M: BURN							
ADDITIONAL DESCRIPTIVES								
SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS								
POTENTIAL INJURIES?								
*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER (explain) _____ U <input type="checkbox"/> UNKNOWN								
*ARRESTEE WAS ARMED WITH								
ARRESTEE ARMED WITH 1. _____ 2. _____ 3. _____								
99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON					
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES					
12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN	65 FIRE/INCENDIARY DEVICE					
12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT	70 DRUGS/NARC/SLEEPING PILLS					
13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON					
13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL							

ASSOC. PERSONS

NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1.	1.	1.
2.	2.	2.

ARREST INFORMATION

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE	
1. CRUELTY TO ANIMALS	1. 959.13	1.	1.	1.	23A POCKET PICKING
2. RESISTING ARREST	2. 2921.33	2. M	2.	2.	23B PURSE SNATCHING
3. OBSTRUCTING OFFICIAL BUSINESS	3. 2921.31	3.	3.	3.	23C SHOPLIFTING
4. INTIMIDATION	4. 2921.04	4.	4.	4.	23D THEFT FROM BUILDING
5. VANDALISM	5. 2909.05	5.	5.	5.	23E THEFT FROM COIN-OP MACH.
					23F THEFT FROM MOTOR VEHICLE
					23G MOTOR VEH. PARTS/ACCESS.
					240 THEFT OF MOTOR VEHICLE
					23H OTHER: _____
*ARREST DATE 06/23/2013	TIME 00:26	ARREST LOCATION (Street, Apt., City, State, Zip) 1286 MASSACHUSETTS AV			
*INCIDENT TRACKING NUMBER 201300026706		ARREST DISPOSITION		BAIL	
MIRANDA WITNESSED BY:				TIME READ	
FINGERPRINTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI/BCI#
*MULTIPLE ARRESTEE SEGMENTS INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input type="checkbox"/> N/A			*ARREST TYPE 1 <input type="checkbox"/> COMPLAINT 2 <input checked="" type="checkbox"/> IN-PROGRESS	3 <input type="checkbox"/> WARRANT 4 <input type="checkbox"/> SUMMONS	5 <input type="checkbox"/> ORDER OF PROTECTION 9 <input type="checkbox"/> OTHER

JUVENILE

JUV. PARENT/ GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION <input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE

RUNAWAYS /MISSING

PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE/TIME ENTERED
LAST SEEN WEARING				

REPORTING OFFICER	BADGE NO. 3323	DATE 06/23/2013
APPROVING OFFICER	BADGE NO.	DATE
COURT N/A	DATE N/A	

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	201300026706
INCIDENT DATE AND TIME	06-22-13-2046

VICTIM
BLUE, ANTHONY, WAYNE SR

OFFENSE CRUELTY TO ANIMALS

INCIDENT DATE AND TIME
06-22-13-2046

NARRATIVE JUN 23 2013 00:42

Case # 201300026706 created By: WOLFORD - on: 6/23/2013 12:42:35 AM

Animal Killed: Border Collie, Black and whit, approximately 40Lbs

EVIDENCE: POCKET KNIFE, APPROXIMATELY 6 INCHES, BLACK HANDLE
PHOTOS OF DOGS INJURY

On 06-22-2013 at 2036Hrs I was dispatched to 1286 Massachusetts Ave. in regards to a male attempting to kill a dog. Upon my arrival observed a male, later identified as Emanuel Eisel, to be in the driveway, covered in blood. Upon exiting my patrol vehicle, Eisel reached in to his right pocket, then turned an ran. I ordered Eisel to stop, however he kept running, and began to pursue him. Eisel ran Westbound through the back yards, across Fillmore Circle, then Southbound, behind the houses, where he attempted to hide the knife that he had stabbed the dog with. Eisel then turned eastbound around a fenced area, and then Northbound behind the houses again, with Officer Perkins, locating him in the 1200 Block of Massachusetts Ave.

Eisel was ordered to the ground by Officer Perkins, however refused to comply, I then took Eisel to the ground, as he resisted, Officer Perkins and I had to struggle with Eisel to get his hands behind his back, and handcuffed. Eisel was escorted to unit #133 for transport, when he then knocked out the rear passenger window of unit #133.

Upon speaking with Anthony Blue, he related the following. Blue stated that He is the owner of the Border Collie, and that Eisel is his stepson, that was recently paroled and living with him. Blue continued that he had the Border Collie chained up outside the residence, and that the dog had growled at Eisel. Eisel got upset with this, and grabbed the dog by the tail, picking it up off the ground. The dog, protecting itself then bit Eisel. Eisel then pulled out the pocket knife, and began stabbing the dog several times.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input checked="" type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	06/23/2013
REPORTING OFFICER J. WOLFORD	Patrolman			BADGE NO. 1249	DATE 06/22/2013
APPROVING OFFICER				BADGE NO.	DATE

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	201300026706
INCIDENT DATE AND TIME	06-22-13-2046

VICTIM BLUE, ANTHONY, WAYNE SR	OFFENSE CRUELTY TO ANIMALS
-----------------------------------	----------------------------

The dog was noted to be bleeding profusely from several stab wounds, and its intestines were coming out of one of the wounds. The dog was transported by Blue to the Emergency animal clinic, where the dog had to be euthanized due to the damage caused by the attack.

Eisel was transported to Mercy Hospital to be treated for his bite wounds, and then transported to Lorain City Jail for booking. For further details see supplemental reports.

Assisted by Capt. Mize, Officer Perkins, Officer Connell, Officer Ventura.

Typed by J. E. Wolford #1249

Approved by Lt. Palmer, L

SUPPLEMENTAL NARRATIVE JUN 23 2013 03:43

Case # 201300026706 created By: PERKINS - on: 6/23/2013 3:43:13 AM

On 06-22-2013 at 2046 hrs I was dispatched to 1286 Massachusetts to Assist other officer's en route to that location for a male trying to kill a dog. A foot chase ensued and a description of the male given. Upon coming into the area I located the male cutting through the house on Massachusetts. I ordered the male to the ground in the driveway of 1286 Massachusetts. For further see original report by Officer Wolford.

Reported By: Officer J.D. Perkins #2890

Approved by Lt. Palmer, L

SUPPLEMENTAL NARRATIVE JUN 22 2013 23:43

Case # 201300026706 created By: CONNELL - on: 6/22/2013 11:43:18 PM

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input checked="" type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	06/23/2013
REPORTING OFFICER J. WOLFORD	Patrolman			BADGE NO. 1249	DATE 06/22/2013
APPROVING OFFICER				BADGE NO.	DATE

NARRATIVE SUPPLEMENT

INCIDENT
NUMBER 201300026706VICTIM
BLUE, ANTHONY, WAYNE SR

OFFENSE CRUELTY TO ANIMALS

INCIDENT DATE
AND TIME 06-22-13-2046

Evidence: Video footage from unit 133 (6-22-13 at 2048 hours)

On Saturday June 22, 2013 at 2055 hours, I responded to 1286 Massachusetts Ave to assist Ptl Wolford who called out that he was in a foot pursuit with a male. Upon my arrival the male (identified as Emanuel Eisel) was already in the back seat of Ptl Ventura's cruiser (unit 133). As I walked up to the scene Ptl Ventura asked if I could stay next to his cruiser to watch Emanuel while he assisted Ptl Wolford.

While standing next to unit 133, Emanuel began yelling at me to talk to him which I told him to stay quiet at this time. Emanuel continued yelling for several minutes until Life Care EMS personnel arrived. As the paramedics were attempting to evaluate Emanuel's injuries he would not cooperate with them and continued trying to talk to me about the incident. We asked Emanuel numerous times if he wished to go to the hospital although he would not give us a straight answer. Due to his volatile behavior I informed EMS that he would be going with us to the hospital so he wouldn't give them a hard time.

I then advised Emanuel to have a seat back inside the cruiser although he refused. I asked him several other times until I placed my hand on his hip to push him back into the cruiser. While I was pushing him into the cruiser he was resisting my efforts by attempting to get back out. I continued to place my hand on his chest to keep him in the car at which time he stated, "Let me tell you something, I'll find you bro! I'll find you!". He went on to yell at me, "don't fucking touch me!" As I was exiting the cruiser Emanuel raised his legs up towards me as if he was attempting to kick me in the face.

I was finally able to close the driver side rear cruiser door with Emanuel inside although right after I closed the door he slid over placing his back on the passenger rear door and proceeded to hit the

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input checked="" type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	06/23/2013

REPORTING OFFICER

J. WOLFORD

Patrolman

BADGE NO.

1249

DATE

06/22/2013

APPROVING OFFICER

BADGE NO.

DATE

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	201300026706
INCIDENT DATE AND TIME	06-22-13-2046

VICTIM BLUE, ANTHONY, WAYNE SR	OFFENSE CRUELTY TO ANIMALS
-----------------------------------	-------------------------------

back of his head on the door window. Emanuel repeatedly struck the back of his head on the passenger rear door window about six times before I could make my way to that side of the car. After opening the door he turned around and continued yelling, "don't fucking touch me!". I then made my way into the back seat area pushing his upper body over towards the seat to prevent him from doing further damage to the cruiser or himself.

At this time Lt Palmer arrived on scene to assist with controlling Emanuel. Lt Palmer opened the driver side door and assisted with restraining Emanuel from hitting his head again. Lt Palmer begin talking with Emanuel and eventually persuaded him to calm down for the moment. After I exited the cruiser I followed Ptl Ventura to Mercy Hospital to assist with Emanuel due to his combative actions.

Upon our arrival at Mercy, Emanuel was instructed to step out of the cruiser although he would not exit the vehicle. He began saying that he was not going to listen to me because of the way he was treated earlier. Since Emanuel was not cooperating with simple instructions to exit the cruiser I grabbed him by his left arm and pulled him out from the back seat area. With Ptl Ventura's assistance we escorted Emanuel to an emergency room where he continued being boisterous and giving staff a difficult time.

While in the presence of Ptl Ventura and two Mercy officers, I advised Emanuel of his felony charge of intimidation on a public servant which he replied, "that's fine, I'll go to court and tell them I wasn't in the right state of mind because I've been drinking".

Due to Emanuel's menacing statement against me and with his extensive criminal record, I believe Emanuel is capable of carrying out his threat to "find me". It should be noted; Emanuel has several prior arrests involving; carrying a concealed weapon and illegal weapon ordinance.

Also note; the damage to Ptl Ventura's window is to be assessed by

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input checked="" type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	06/23/2013
REPORTING OFFICER J. WOLFORD	Patrolman			BADGE NO. 1249	DATE 06/22/2013
APPROVING OFFICER				BADGE NO.	DATE

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	201300026706
-----------------	--------------

VICTIM BLUE, ANTHONY, WAYNE SR	OFFENSE CRUELTY TO ANIMALS	INCIDENT DATE AND TIME 06-22-13-2046
-----------------------------------	----------------------------	---

city service personnel. An estimate of the cost for repair along with the time the cruiser will be out of service will be forwarded when it is acquired.

Reported by: Ptl Connell #3339

Approved by: lt. Reinhardt

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE/NO CUSTODY F <input checked="" type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED 06/23/2013
REPORTING OFFICER J. WOLFORD	Patrolman			BADGE NO. 1249	DATE 06/22/2013
APPROVING OFFICER				BADGE NO.	DATE

VICTIM/WITNESS/INFORMATIONAL SUPPLEMENT

INCIDENT NUMBER 201300026706

VICTIM
BLUE, ANTHONY, WAYNE SR

OFFENSE CRUELTY TO ANIMALS

INCIDENT DATE AND TIME 06-22-13-2046

VICTIM

*NO. 2	*TOTAL VICTIMS	*VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input checked="" type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER		
NAME (Last, First, Middle) STATE OF OHIO									
ADDRESS (Street, Apt., City, State, Zip) 100 W ERIE AV. LORAIN, OH 44052						PHONE (440) 204-2100			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE			
*AGE/ D.O.B.		*SEX	*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR	EYES
OCCUPATION			SSN			*RESIDENT STATUS 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST		3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN
*VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:							
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI-OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. <u>RU</u> 2. _____ 3. _____ 4. _____ 5. _____			*VICTIM/OFFENSE LINK 959.13 2921.33		2921.31
My signature verifies that the information on this report is accurate and true									
DATE _____									

VICTIM

*NO. 3	*TOTAL VICTIMS	*VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER		
NAME (Last, First, Middle) CONNELL, JAMES, OWEN									
ADDRESS (Street, Apt., City, State, Zip) Police Officer - Contact at Police Station						PHONE			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE			
*AGE/ D.O.B. 26		*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR	EYES
OCCUPATION			SSN			*RESIDENT STATUS 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST		3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN
*VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:							
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI-OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. <u>RU</u> 2. _____ 3. _____ 4. _____ 5. _____			*VICTIM/OFFENSE LINK 2921.04		
My signature verifies that the information on this report is accurate and true									
DATE _____									

WITNESS/
INFORMATIONAL

NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

WITNESS/
INFORMATIONAL

NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

WITNESS/
INFORMATIONAL

NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

WITNESS/
INFORMATIONAL

NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

WITNESS/
INFORMATIONAL

NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

REPORTING OFFICER J. WOLFORD	Patrolman	BADGE NO. 1249	DATE 06/22/2013
APPROVING OFFICER		BADGE NO.	DATE